**Mortality Special Interest Group**

**Meeting Note**

**2021\_05\_13**

**Chair: Gerry McCartney**

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| **Attendee Name** | **Organisation/Role** |
| Ann Conacher (AC) | Public Health Scotland (PHS), ScotPHN Organisational Lead |
| Ashleigh Jenkins (AJ) | PHS, ScotPHN Network Manager |
| Carolyn Hunter-Rowe (CHR) | NHS Highland, Public Health Intelligence Adviser and Epidemiologist |
| Christina Wraw (CW) | PHS, Public Health Intelligence Adviser (Public Health Observatory Team (PHO)) |
| Daniel Burns (DB) | National Records Scotland (NRS), Mortality Statistician |
| David Walsh (DW) | Glasgow Centre for Population Health |
| Gerard McCartney (GMcC) **CHAIR** | PHS, Public Health Consultant (PHO Team) |
| Jon Minton (JM) | PHS, PHO Team |
| Julie Ramsay (JR) | NRS, Vital Events Statistician |
| Karen MacNee (KMacN) | Health Improvement Division Head, Scottish Government |
| Lynda Fenton (LF) | PHS, Public Health Consultant (Lead for child health data and intelligence and mortality coding advice interest) |
| Masoumeh Rezaie (MR) | PHS, Clinical and Protecting Health, Advanced Healthcare Scientist |
| Philip Broadbent (PB) | NHS Dumfries & Galloway, Public Health Specialty Registrar & MPH Glasgow University |
| Sarah Wild (SW) | University of Edinburgh Epidemiologist and Honorary Public Health Consultant, NHS Lothian |

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| **Apologies Noted** | **Nil Calendar Response/Other** |
| A-lan Banks - PHSClaire Smillie - PHSClare Campbell – NHS FifeColin Ramsay- PHSDenise MCHUGH – PHS, ScotPHNEllie Hothersall- NHS GrampianEmma Baird Laura DalzielMartin Taulbut - PHSNeil White – Scottish GovernmentRebecca Devine | Alister HookeArlene Reynolds - Scottish GovernmentChris Robertson Elaine Daly - PHSElspeth Molony – PHSGill Hawkins - Scottish GovernmentJim McMenamin - PHSJoe ScofieldLouise Wilson – NHS OrkneyNicola Beech - NHS Grampian Roddy Duncan - Scottish Government |

1. **Welcome & introductions**

Gerry (group chair) welcomed everyone to the meeting, including those new to the group and/or attending as cover/for first time.

Ashleigh Jenkins ScotPHN provides secretariat cover for this meeting on behalf of Denise McHugh.

Masoumen Rezaie attends on behalf of A-Lan Banks, Public Health Scotland. And Karen MacNee, joins in representation of Scottish Government as Head of Health Improvement.

The group notes that group Co-Chair, Colin Fishbacher, has now formally retired from PHS. The group share their thanks for the effort and expertise Colin contributed to the work of this group, and to the opportunity afforded by that by the wider public health network of interest. Best wishes are shared to Colin in his future steps.

1. **Research update and future planning**

David Walsh spoke to the group workplan document as circulated.

This update follows from that shared at the previous meeting of the group in regard to the stalling improvement in life expectancy and the focus today is highlighting new projects and areas of interest.

Today’s discussion is proposed to help inform the completion of the projects in the workplan and to guide the narrative on the synthesis report of the evidence (as the final output of this phase of work).

The new project work needs to plug any gaps for the final report, but will also provide other dissemination opportunities.

New projects noted include:

* Sex differences in the trends

There is some emerging evidence that the trends for women changed earlier than for men. This could plausibly be linked to the differential impact of social security changes by gender.

* Obesity

This project was previously in the workplan, intended to identify the potential contribution of obesity to life expectancy, and exploring if the rise in obesity has contributed to the stalling in mortality.

It has become apparent that the impact modelling tool previously used is not fit for purpose and the project is now exploring whether the Triple I tool can be used to provide an estimate.

* Austerity

A quantitative analysis of austerity and mortality changes UK wide at Local Authority level. Discussion continues with UK colleagues including Glasgow University partners.

* Healthy life expectancy

The group noted that Grant Wyper has undertaken work previously on Healthy Life Expectancy but there are insufficient data for a long enough trend. David is investigating using Scottish Health Survey data to fill this gap.

Next steps for overarching workplan project plan in summary:

Plans in the coming months are for the evidence and data to be pulled together into a summary report as a synthesis of international, UK and our Scottish specific evidence. This will be developed with accompanying policy advice (Rebecca Devine & Emma Baird) and account for Covid-19 related issues/limitations.

There is a form of joint draft communications plan in that GCPH plan to host a webinar, and to develop an animation form of logic model to effectively communicate the impact of austerity on health.

\*Support to inform and assist the delivery of the communications plan for the final workplan report and messaging is actively sought from all group members.

Beyond that shared as above on new projects, it is acknowledged that various sub- projects are not progressing as planned due to Covid-19 limitations/demands.

In spite of this, David poses the question of the group as to ‘what’s missing, needs addressed and/or needs prioritised further?’

Group response (comments/considerations) to update item:

JR – is 2019 the latest/last data point for gender project? And what are the considerations going into 2020 given conflation with Covid-19 impact?

DW- the project plan acknowledges limitations and accounts for impact of austerity to a certain agreed time point only.

LF - given this accounts for period 2010- 2019 period, what is the role of this group in guiding the narrative post 2019 so as to counter ‘Covid-19 effect’ response.

\*GMcC to supplement workplan with Alice Harper Infant Mortality trends paper- age specific trends. Noting a small signal in 0-1yrs.

SW- can we identify cause-specific mortality sex differences?

DW- work is planned on decomposition analysis considering deprivation but this hasn’t yet been undertaken due to capacity limitation. Hopeful that this will progress subject to returning capacity.

JR - some detail on this is already available– female less DRD more dementia

GMcC – shared a paper on Welsh decomposition of trends into causes (<https://pubmed.ncbi.nlm.nih.gov/33735693/>)

GMcC – in relation to the contribution of flu to mortality over last decade

\*MR and GMcC to follow up offline

JM – in consideration of the future role of PHS is there opportunity to highlight messaging that particular cohorts (i.e. 30/40yrs at present?) have more elevated relative risk at present and that this risk has potential for carry forward? And might this thinking assist the development of a 5/10yr pre-emptive resourcing plan?

GMcC- the narrative of the final workplan summary will incorporate longer term stalled trends, with Covid-19 experience and including the impact for these generations and cohorts.

GMcC – specific question to KM (on behalf of Scottish Government) in regard to likely comfort level with the planned synthesis and to assess any specific considerations or pre-work to inform and assist communication and engagement with report in Scottish Government.

KM - initial assessment from information shared (workplan and update/discussion today so far) is that priority projects sound to be in the right space and of importance/relevance to look at.

Likely that obesity project work will be of particular interest noting exploration of Covid-19 linkage.

And in relation to stalling mortality rates, likely interest in alcohol (more so than drugs) for females than males.

And consideration of timescales for final outputs is important.

GMcC – noting some limitations with progressing underlying science balanced with the importance of getting the underlying parts in place means that the final synthesis is realistically Calendar Year End (approaching Christmas) including plans for comms and dissemination.

Three key phases of the overarching project is described as:

* the science,
* writing of report and,
* planning for impact – likely circa Christmas time 2021

KMcN – the overarching project and component parts/sub-projects are likely all of interest relating to the renewed focus on Health Inequalities and aspiration to reduce them.

1. **Other updates**

GMcC – PHO/PHS/Mortality SIG

International austerity project (3rd row on plan) will possible report results in July and be available to present at the next meet this group.

The unit of analysis is country wide/UK and the hypothesis is that austerity is responsible at international level for stalling mortality rates.

A by-product of the project is segmented regression analysis of mortality and life expectancy trends. The Project also has lots of potential for additional descriptive analyses (web appendix/journal potential.)

In coordination role, GMcC attended a workshop pre-Covid with UK wide colleagues. This included Public Health England (for whom there impact of change and uncertainty of staffing remains unknown) other. The UK & Irish Public Health Intelligence Network also continue to meet to exchange updates. GMcC has a slot at the next meeting of the network with potential to present on the structure of the synthesis report and to assess its helpfulness for colleagues across the British Isles.

Seasonality project as previously led by Jon Minton and Lynda Fenton.

GMcC now leads on the write up. Whist analysis has been undertaken the framing and interpretation present a challenge in regards to coherently writing up.

SW- UofEdi/ NHS Lothian

Student work is underway on inequalities and diabetes analysis – last looked at in 2008. Looking at prevalence over the last 10yrs and identifies an amazing linear association between diabetes and deprivation. The relative risk for the most vs least quintile has widened over time.

\*Sarah to share data – send both aspects to group for consideration, including reference in final synthesis report.

CW- PHS/PHO

Service pressure analysis continues considering links to adult social care spending by local authority. JM & CW undertaking thorough final stage analysis in preparation for drafting manuscript. The protocol was published last year with a few known/reported changes to note. However no read out to report/reveal at present.

LF - PHS

Continuation of media discourses analysis - ‘peoples interpretation of life expectancy.’ This work has been untouched since last year and seeks perspectives on the value of writing up now in acknowledgement of the current epidemiological awakening! LF previously presented on this at FPH Conference 2019 including results. Potentially shareable as summary of learning to inform future framing.

\*LF to share 2019 presentation/shareable summary to the group

JR

Overall paper now published on BMJ open

Still to undertake decomposition by deprivation – plan to approach/return to soon

Analysis is complete but data now 2 yrs dated therefore need to re-run data and update commentary over next 2 months.

GMcC – offer of support to assist as necessary

CHR – no update to report

JM – confirms for Carolyn that Local Authority work has stalled and requires further conversation on specifics of data. Work continues to be considered as a priority but Clare Campbell is no longer leading.

\*JM & GMcC to discuss offline on approach for progressing and to identify any potential data issues

MR– no update to report

\*MR & GMCC to connect offline noting the purpose of group to connect local and national and across Health Protection / Health Improvement colleagues, therefore seeking to link with colleagues including on opportunities for framing for exit from covid and in relation to the synthesis report communication.

JM – PHS/PHO

Co-authored paper descriptive analysis undertaken some time ago which is now published in the Journal of the Royal Society of Medicine. An accompanying commentary speaks to the more substantive territory on fundamental causes.

Another project undertaken with Rebecca Devine aims to show that the general pattern of high income nations is linear improvement and to assess the potential for this to change in response to Covid-19 in light of more effective targeted immunisation, including seasonal flu vaccination. This project is likely to progress over next few months.

PB – NHS D&G/ MPH

GMcC & DW (as part of MPH) is assessing the systematic link between austerity trends and life expectancy. At data extract /synthesis stage and willing to present results at next meet.

\*PB to present results at next meeting of the group

DC – NRS

Decomposition paper planned to recommence with Julie. And routine life expectancy publications scheduled for later in year, including single year figures for 2020.

KMcN

* N.B. Scottish Government awaiting appointment of incoming Cabinet Secretary

Overarching health inequalities position remains as set out within Programme for Government 2021-22. Nothing specific to note in reference to the manifesto and awaiting new ministerial team steer.

New health inequalities team in place within division with conversations in hand relating to community wealth building and NHS Anchor Institutes.

Working with analytical colleagues ongoing to develop slide set- including Marmot evidence on Building Back Fairer.

Also establishing equalities team with an area of focus that includes strategic work on equality data in health, in particular starting with ethnicity.

However uncertain as to new ministerial team and await further intelligence following induction meetings.

\*GMcC to pick up specifically with KMcN following induction meetings on synthesis communications plans

SW – in response to KMcN update above

Notes the importance for the continuation of this work, in spite of implications of covid. Including in attempt to bolster the focus on inequalities in the context of ‘levelling up’. The importance of this work cannot be reinforced enough.

DW – GCPH

Definitions - variation

GCPH using ICD codes, drug related poisoning which are comparable across UK but different to official process. These overestimate very slightly but trends do correlate. Aware of differences but note the same trends.

Linkage work

Emily Tweed and colleagues are undertaking linkage work, not only for substance use but prison experience and beyond. Do we/can we draw further upon this?

* JW referenced previous Lothian work with possible link to older prev. drugs users. And the need to look at acute vs. chronic DRD and mortality trends.
* JM – recalls cities work identifying striking difference in Dundee. Potential for more qualitative analysis. Potential to assess risk of exposure?

\*GMcC to pick up DRD conversation with Phil Mackie & Tara Shivaji (ScotPHN/PHS) – with the purpose of identifying any additional epidemiological work

LF – PHS

As a gap in the workplan - is there potential to investigate cardiovascular mortality trends to explore in more detail? - GMcC responded noting that the impact model work from Alistair Leyland was originally intended for obesity context and more consideration of further specific action is required.

And on ethnicity - what’s possible in linking with Vittal and others to bring into summary? GMcC responded to advise that PHS approximation of ethnicity on Covid-19 is underway noting known important data issues. Ethnicity is a voluntary question and missing data isn’t consistent across different groups. Attempts have been to link to the Census but there are limitations with the last data collection being 2011 and the linkage is very complex and expensive.

Area based deprivation markers are challenging in certain geographies, with reference to previous NOSPHN (and others) engagement on this.

CW – For follow up, the Scottish Longitudinal study has linked Covid-19 and vaccination data. Noting reference to previous Frank Popham work.

1. **AOCB**
* Group membership – are there other contacts to be considered/scoped for membership to the group?

\*Group members to share contacts to Gerry/ScotPHN @ phs.sig@phs.scot

Including consideration of:

* + New Drugs Deaths contacts in separate division – will link

\* GMcC to link via Phil Mackie as DRD Taskforce rep

\*GMcC to invite Alice Harper to group

* GMcC to follow up with CMO office (Gill Hawkins and/or Arlene Reynolds replacing Andrew Riley TBC). Noting interest in CMO report DRD reference.
1. **DONM**

**Date:** 10th August 2021

**Time:** 10:00 -11:30

Meeting Close